Town of Manchester, Connecticut

BENEFIT	High Deductible Health Plan/	BENEFIT	High Deductible Health Plan/	
ostshares	Health Savings Account	Inpatient Hospital	Health Savings Account	
	Deductible - \$2,000/\$4,000	General/Medical/Surgical/	Pre-cert only for Out-of-Network	
	Coinsurance - 100% after plan deductible met	Maternity (Semi-private)	Covered 100% after plan deductible met	
	\$4,000/\$8,000 out of pocket maximum			
		Ancillary Services	Covered 100% after plan deductible met	
	5 1 0 1 1 1	Medication, Supplies		
	Employer Contribution	December 1- Annie	On and 1000/ often also deductible and	
	\$1,000 single coverage	Psychiatric	Covered 100% after plan deductible met	
	\$2,000 double or family coverage		Unlimited days	
		Substance Abuse/Detox	Covered 100% after plan deductible met	
		Substance Abuse/ Detox	Unlimited days	
			Oriminited days	
	Lifetime Maximum In-Network - Unlimited	Skilled Nursing/Rehabilitation	Covered 100% after plan deductible met	
	Lifetime Maximum Out-Of-Network - Unlimited	Facility	Covered up to 180 days per calendar year	
	Enotine Maximum out of Network Chimniton	radinty	sovered up to ree days per daleridar year	
reventive Care		Hospice	Covered 100% after plan deductible met	
ediatric	Covered			
		Outpatient Hospital		
dult	Covered	Outpatient Surgery	Covered 100% after plan deductible met	
		Facility Charges	(Prior Authorization Required)	
learing	Covered	Diagnostic Lab & X-ray	Covered 100% after plan deductible met	
	Screening part of physical exam		-	
Gynecological	Covered	Pre-Admission Testing	Covered 100% after plan deductible met	
ledical Services		Other Services		
ledical Office Visit	Covered 100% after plan deductible met	Durable Medical Equipment	Covered 100% after plan deductible met	
	0 14000/ 6 1 1 1 1 1 1 1	D ## #	0 14000/ 6 1 1 1 1 1 1 1	
Outpatient PT/OT/ST/Chiro.	Covered 100% after plan deductible met	Prosthetics	Covered 100% after plan deductible met	
	60 Combined Days			
	per calendar year per member	Harry Harlib Com	On and 1000/ often also deductible and	
Allergy Services	Cayarad 1000/ often plan deductible met	Home Health Care	Covered 100% after plan deductible met	
	Covered 100% after plan deductible met		Unlimited days	
		Vision	(Prior Authorization Required) Covered 100% after plan deductible met	
Diagnostic Lab & X-ray	Covered 100% after plan deductible met	VISIOII	Covered once every 24 months	
	Covered 100% after plan deductible met		Covered office every 24 months	
		Prescriptions	Covered 100% after plan deductible met	
patient Medical Services	Covered 100% after plan deductible met	(Coverage through Cigna)	covered 10070 after plan deddetible met	
Impatient inedical Services	covered 10076 after plan deductible met	(coverage through eigha)		
Surgery Fees	Covered 100% after plan deductible met	* All benefits listed are for In-N	* All benefits listed are for In-Network. For Out-of-Network benefits,	
Surgery rees	COVERCE 10070 diter plan deductible met	please refer to your Employee Benefit Summary.		
		production to your Employee Denotition outlined y.		
Office Surgery	Covered 100% after plan deductible met	** Plan is Non-Gatekeeper. No	** Plan is Non-Gatekeeper. No referrals are required. No primary	
omoo ourgory		care physician is required.		
Outpatient MH/SA	Covered 100% after plan deductible met	INFERTILITY: Coverage is subject	t to a \$5,000 lifetime maximum	
	,			
		ELIGIBILITY: Dependent children	ELIGIBILITY: Dependent children to age 25; effective July 1, 2010	
mergency Care		dependent children covered to ac	dependent children covered to age 26 for medical and prescription	
Emergency Room	Covered 100% after plan deductible met	plans due to the passing of the H	plans due to the passing of the Health Care Reform Act of	
		March 30, 2010.		
rgent Care	Covered 100% after plan deductible met			
Ambulance	Covered 100% after plan deductible met			
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Matrix CIGNA HDHP-HSA MEU Public Works 07/01/2014